

**Ryals v. HireRight Solutions, Inc. Settlement Administrator**  
**Post Office Box 4109**  
**Portland, OR 97208-4109**

# Claim Form

**Ryals v. HireRight Solutions, Inc.**  
**3:09cv625 (E.D. Va.)**



504208853237

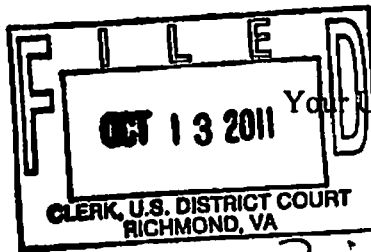
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JUSTIN CA

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Your Unique Claim Number

Redacted

3:09CV625

- If the Court approves the settlement and you do nothing, a check in the approximate amount of \$134.00 will automatically be mailed to you. If you instead submit this claim form for your actual damages and the claim is determined to be valid, you will receive a cash payment for your damages. The amount of the cash payment will be determined as described in Section 8.7.2 of the Settlement Agreement.
- The claim form must include some "proof" that you actually incurred damage or harm from an inaccurate DAC, USIS Commercial Services or HireRight Solutions consumer report. You do not need to prove the amount of your injury, only that it occurred. Completing and signing this form is an acceptable way to provide "proof" that you incurred damage or harm.
- Claims may be filed by deceased Actual Damages Claims Settlement Class Members through representatives of their estates. If you are submitting a claim on behalf of a deceased Settlement Class Member, you must submit appropriate documentation with this claim form demonstrating that you are duly authorized to do so.
- The deadline to submit a claim is 14 days following Final Approval. This deadline will be no earlier than November 17, 2011. The actual claim deadline will be posted when it becomes known at [www.DACClassAction.com](http://www.DACClassAction.com).

## Section I: Your Personal Information

(STOP! Do not complete this section if the preprinted information above is correct)

First Name

MI

Last Name

Mailing Address

City

State

Zip Code

## Section II: Additional Information

Social Security Number (required)

Date of Birth (required)

Telephone Number (required)

Redacted

## Section III: Your Damages Information

I believe that I suffered actual damages from an inaccurate consumer report provided to my employer or my prospective employer by DAC, USIS Commercial Services or HireRight Solutions.

Name of Employer/Prospective Employer First Student 11251

As a result of the inaccurate consumer report (check all that apply):

☒ My employment application was denied (I did not get the job).☐ I was terminated by my employer (I was fired).☒ I was unable to obtain a security clearance or had such clearance delayed.☐ I received the job or was not fired, but was required to explain the inaccurate consumer report or take other steps and/or suffered other harm from the inaccuracy.

Please continue on reverse side.

Questions? Call 1-877-854-4675 or visit [www.DACClassAction.com](http://www.DACClassAction.com)

### Section III: Your Damages Information (continued)

You must select one of the following two options.

- ☐ A. I have included a letter or other document with this claim form from the employer listed above stating that I was fired, not hired or suffered some other adverse employment action. OR
- ☒ B. The following is my written explanation of the damages I suffered from the inaccurate consumer report provided to my employer or prospective employer by DAC, USIS Commercial Services or HireRight Solutions. This written explanation must be sufficient for the Settlement Administrator to confirm your claim.

I HAVE SENT A PACKAGE  
OF DOCUMENT REGARDING MY  
CLAIM.

(Attach additional pages as needed.)

### Section IV: Signature

My signature below certifies that to the best of my knowledge the information I have provided is truthful and correct.

Signature: 

Date: 10/5/11

### Submitting Your Claim

Claim Forms must be mailed to:

*Ryals v HireRight Solutions* Settlement Administrator  
P.O. Box 4109  
Portland, OR 97208-4109

You may also submit your claim online at [www.DACClassAction.com](http://www.DACClassAction.com).

Questions? Call 1-877-854-4675 or visit [www.DACClassAction.com](http://www.DACClassAction.com)

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## Claim Form

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**3:09cv625 (E.D. Va.)**



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000 0020385 00000000 001 001 20385 INS: 0 0

DIXIE WEST

Redacted

Your Unique Claim Number Redacted

TUSTIN CA

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City

State

Zip Code

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Social Security Number (required)

Redacted

Date of Birth (required)

Redacted

Telephone Number (required)

Redacted

Email Address (optional)

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Name of Employer/Prospective Employer

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Please continue on reverse side.

Questions? Call 1-877-854-4675 or visit [www.DACClassAction.com](http://www.DACClassAction.com)

CLERK OF THE COURT

Y Dixie Jean West

MAIL A COPY TO

CLASS COUNSEL AND DEFENSE

COUNSEL. ~~maybe I should~~  
ADDRESSES IS MAILED 10/5/2011

LEONARDA BENNETT  
CONSUMER LITIGATION ASSOCIATION DC  
12515 WARWICK Blvd. Suite 100  
NEWPORT NEWS, VA 23606

DAN H. BUTSWINKAS  
Williams & Connolly, LLP  
725 12<sup>th</sup> STREET, NW  
WASHINGTON, DC 20005

AND OF COURSE THE COURT  
UNITED STATES DISTRICT COURT  
701 EAST BROAD STREET  
RICHMOND, VA. 23219

I HAVE Two different  
claim form numbers  
The number's used in  
my paperwork is  
Claim Number

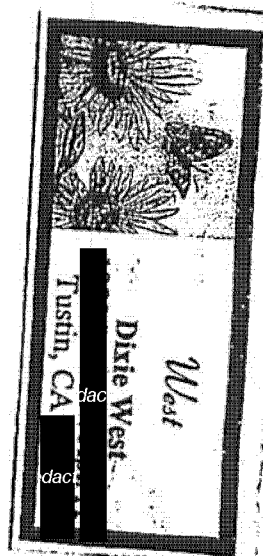
Redacted

I don't  
understand why I  
have to

Redacted

Dixie West

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Clerk of the Court  
UNITED STATES District Court  
701 East Broad Street  
Richmond, VA. 23219

23219+23219



SANTA ANA CA 927  
925  
WASIM

